

Case Number:	CM14-0160729		
Date Assigned:	10/03/2014	Date of Injury:	05/03/2013
Decision Date:	12/02/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/29/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Chiropractic and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 69-year-old female who was involved in a work injury on 5/2/2013. The injury was described as a repetitive trauma injury while employed as a housekeeper. On 2/18/2014, the claimant presented to the office of [REDACTED], for an evaluation for complaints of neck and back pain. The claimant was diagnosed with cervical, lumbar, bilateral knee, left ankle, and bilateral hand sprain/strain. The recommendation was for cervical and lumbar MRIs, extracorporeal shockwave therapy, physical therapy, acupuncture, voltage actually and sensory nerve conduction threshold testing of the lower extremity, interferential unit, tens unit, cold/he therapy unit, and medication. The claimant underwent a course of acupuncture and physiotherapy. The claimant also underwent extracorporeal shockwave therapy to the right knee. On 6/18/2014, the claimant underwent percutaneous epidural decompression neuroplasty with lumbar facet joint blocks at the right L4/5 and L5/S1 levels. On 6/25/2014, the same procedure was performed on the left side L4/5 and L5/S1 levels. On 7/8/2014, the claimant was reevaluated by [REDACTED] for complaints of continued neck, back, bilateral knee, left ankle pain, and cramping in the fingers. The claimant was diagnosed with cervical disc protrusion, cervical sprain/strain, lumbar disc protrusion, and lumbar sprain/strain. The recommendation was for a course of chiropractic treatment at one time per week for 6 weeks, additional acupuncture, extracorporeal shockwave therapy, LINT therapy, and orthopedic consultation. The provider submitted an RFA requesting TPII and LINT at one time per week for 6 weeks On 8/14/2014 [REDACTED] submitted an RFA for additional chiropractic and acupuncture treatment at one time per week. On 8/28/2014, [REDACTED] submitted an RFA requesting chiropractic treatment, acupuncture at one time per week in addition to LINT and ESWT. The requested chiropractic treatment at one time per week for 6 weeks was denied by peer review on 9/3/2014. The rationale for denial was that "the mechanism of injury was not provided within the medical

records. Medications were not provided within the medical records. Surgical history was not provided within the medical records." The reviewer further opined that the submitted progress reports were "handwritten and largely illegible." The reviewer further indicated that there was "lack of documentation to indicate if the patient has participated in the pre-approve sessions" of acupuncture and physiotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Chiropractic Therapy Treatment to the Cervical and Lumbar Spine for 6 sessions, 1x6:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy, and Manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Section Page(s): 58.

Decision rationale: The medical necessity for the requested six chiropractic treatments was established. The MTUS chronic pain treatment guidelines, page 58, give the following recommendations regarding manipulation: "Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." The requested six treatments are consistent with this guideline. The claimant underwent a course of acupuncture and physiotherapy but continued to note ongoing complaints. Given the clinical findings on examination, a clinical trial of six chiropractic treatments can be considered appropriate. The previous denial was based on the absence of documentation indicating the mechanism of injury and treatment history. Submitted for this IMR was documentation indicating the mechanism of injury and treatment history as documented above? There is no evidence that the claimant has received any chiropractic treatment prior to this request. Therefore, a clinical trial of six chiropractic treatments can be considered medically appropriate.